

# Car Seat Check Form v.4.7

Online Form ID \_\_\_\_\_

First Name

Last Name

Street Address

City

State

Zip

Phone

Email Address

County

Vehicle Make/Mfg. (e.g. Chevy, Buick)

Vehicle Model (e.g. Malibu, Enclave)

Vehicle Year

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation and use of car seats, booster seats and seat belts, and that this inspection and demonstration is being provided as a free educational service to me. I realize that the program sponsors and certified child passenger safety technicians inspecting the seat(s) cannot fully evaluate the quality, safety, or condition of my car seat, booster seat, or the vehicle seat, safety belts, or any component of the vehicle now or in the future. Furthermore, I understand that the actions taken in this program will not guarantee my child's safety in a motor vehicle crash. I understand that it is important to read and follow the instruction manuals for both the vehicle and the car seat. For these reasons, I hereby release any program participants, any participating organizations or individuals, including the site owner, from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Today's Date

Month

Day

Year

Caregiver Signature \_\_\_\_\_

What CPS Agency is hosting this event?

Technicians Participating (T# and last name, include Primary)

What state is this event taking place in?

Event \_\_\_\_\_

## CHILD \_\_\_\_\_

Child present ☐ Yes ☐ No ☐ Unborn Child's age ☐ 0<1 ☐ 1<2 ☐ 2<3☐ 3<4 ☐ 4<5 ☐ 5<6☐ 6<7 ☐ 7<8 ☐ 8<9 ☐ 9+

Height/inches Weight/pounds

### ON ARRIVAL

CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing | NCS = No Child Seat on Arrival

#### 1. Child/CS Location in Vehicle

- ☒ ☐ ☐ front row ☐ Other seat location  
☐ ☐ ☐ back Explain:   
☐ ☐ ☐ 3rd row

#### 2. Child/CS Installed Using (select all that apply)

- ☐ No CS  
☐ Uninstalled  
☐ Integrated Seat  
☐ Unrestrained  
☐ Seat Belt  
☐ Tether  
☐ Lower Anchor  
☐ Other:

#### 3. Restraint Type:

- ☐ RF Only without Base  
☐ RF Only with Base  
☐ Base Only  
☐ RF Convertible  
☐ FF with Harness  
☐ Belt Positioning Booster  
☐ Lap/Shoulder Seat Belt (go to #21)  
☐ Lap Only Seat Belt (go to #21)  
☐ Specialized Restraint  
☐ Large Medical Seat  
☐ Adaptive Booster  
☐ Vest  
☐ Other:

#### 4. CS Labels Missing?

- ☐ Yes ☐ No ☐ N/A

#### 5. CS MFG:

#### 6. Model Name:

#### 7. Model Number:

#### 8. MFG Date (MM/DD/YYYY):

#### 9. Expiration Date (MM/YYYY):

#### 10. CS Expired?

- ☐ Yes ☐ No ☐ NCS ☐ Unknown

#### 11. CS Recalled

- ☐ Yes ☐ No ☐ Unknown ☐ NCS

## FINDINGS ON ARRIVAL

### 12. CS History Known

☐ Yes ☐ No ☐ NCS

### 13. CS Involved in a Crash

☐ Yes ☐ No ☐ Unknown ☐ NCS

### 14. CS Secured Per MFG's Instructions

☐ Yes ☐ No ☐ NCS

### 15. CS Correct Direction Per MFG's Instructions

☐ Yes ☐ No ☐ NCS

### 16. CS Correct Direction Per State's Law

☐ Yes ☐ No ☐ NCS

### 17. CS Harness Correct

☐ Yes ☐ No ☐ NCS ☐ N/A

\*\*\*If no: check all that apply

☐ Twisted

☐ Too Loose

☐ Retainer Clip: Wrong Placement

☐ Harness Slot: Wrong Placement

☐ Crotch Buckle: Location/Routing

☐ Damaged

☐ Harness not used

☐ Harness Altered in Some Way

☐ Other:

### 18. Recline Angle Correct

☐ Yes ☐ No ☐ NCS ☐ N/A

### 19. Lower Anchors Correct

☐ Yes ☐ No ☐ NCS ☐ N/A

\*\*\*If no: check all that apply

☐ Incorrect Use of the Vehicle Anchors

☐ Exceeds Weight Limit

☐ Twisted

☐ Routing (i.e. around crotch buckle/harness/belt path)

☐ Connector Orientation (i.e. upside down)

☐ Too Loose

☐ Used with a Seat Belt

☐ Other:

### 20. Tether Correct

☐ Yes ☐ No ☐ NCS ☐ N/A

\*\*\*If no: check all that apply

☐ Not Used

☐ Too Loose

☐ Routing

☐ Not Appropriate Tether

Attachment (i.e. cargo tie down)

☐ Twisted

☐ Connector Orientation (i.e. upside down)

☐ Exceeds Weight Limit

☐ Other:

### 21. Seat Belt Correct

☐ Yes ☐ No ☐ NCS ☐ N/A

\*\*\*If no: Check all that apply

☐ Too Loose

☐ Retractor Not Locked

☐ Locking Clip

☐ Routing (i.e. around crotch buckle/harness/belt path)

☐ Used with Lower Anchor

☐ Child Fit (i.e. booster belt fit, behind the back, under the arm)

☐ Other:

### 22. Handle Position Correct

☐ Yes ☐ No ☐ NCS ☐ N/A

### 23. Are there non-regulated products?

☐ Yes ☐ No ☐ NCS

### 24. Is the load leg installed correctly per manufacturer's instructions?

☐ Yes ☐ No ☐ N/A ☐ NCS

**TECHNICIAN DISCUSSED:**  
airbags • unused seat belts • projectiles  
expiration date • premature transition  
next steps • best practice vs. state law

## ON DEPARTURE

### 25. Child/CS location in vehicle

☒ ☐ ☐ front row

☐ ☐ ☐ back

☐ ☐ ☐ 3rd row

☐ Other seat location

☐ Demonstration Seat

Explain:

### 26. Child/CS Installed Using

(select all that apply)

☐ No CS

☐ Uninstalled

☐ Integrated Seat

☐ Unrestrained

☐ Seat Belt

☐ Tether

☐ Lower Anchor

☐ Other:

### 27. Is this the same CS as 'On Arrival'?

☐ Yes ☐ No

\*\*\*If no: CS Donor

☐ Meets Eligibility Requirements

### 28. Was previous seat discarded?

☐ Yes ☐ No ☐ N/A

### 29. Was previous seat recycled?

☐ Yes, by caregiver. ☐ Yes, by technician. ☐ No ☐ N/A

### 30. Restraint type:

☐ RF Only without Base

☐ RF Only with Base

☐ Base Only

☐ RF Convertible

☐ FF with Harness

☐ Belt Positioning Booster

☐ Lap/Shoulder Seat Belt

☐ Lap Only Seat Belt

☐ Specialized Restraint

☐ Large Medical Seat

☐ Adaptive Booster

☐ Vest

☐ Other:

### 31. CS MFG:

### 32. Model Name:

### 33. Model Number:

### 34. MFG Date (MM/DD/YYYY):

/  /

### 35. Expiration Date (MM/DD/YYYY):

/  /

### 36. Is the CS registered?

☐ Yes ☐ No

### 37. Caregiver Donation

☐ Yes ☐ No Donation Amount

### 38. All corrections made prior to departure?

☐ Yes ☐ No

### 39. Is the CS compatible with the vehicle?

☐ Yes ☐ No ☐ N/A

### 40. Educational materials given?

☐ Yes ☐ No

## CAREGIVER SIGN OFF

### 41. I harnessed a child/doll in a CS

☐ Yes ☐ No ☐ N/A

### 42. I participated in installing this CS today.

☐ Yes ☐ No ☐ N/A

43. Caregiver's Initials

### 44. Final Inspection Sign-Off

Documentation Box: